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POLLUTION ABATEMENT DEPARTMENT

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OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Underground Injection Control Department

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

McCassey D-16

Form 1012A

Rev. 2009

Annual Fluid Injection Report

OAC 165:10-5-7(b)1

January 1 thru December 31, 2010

INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION

- 1 File additional second pages if well count exceeds ten (10).
- 2 File one (1) copy for each enhanced recovery project, disposal or LPG storage well by April 1st of each year for previous years activity.
- 3 Fresh water is defined as water containing less than 10,000 mg/l TDS or less than 5,000 PPM chlorides.
- 4 If well was plugged, enter the plugging date as shown on Form 1003C.
- 5 Complete heading, all questions which pertain to your well(s), and mail Form 1012A to the above address.

Current Operator Chaparral Energy, L.L.C.		Current Operator No. 16896
Listed Operator by UIC (If Different from Current due to pending 10731)		Listed Operator No.
Current Operator Address 701 Cedar Lake Boulevard		Current Operator Telephone No. 405-478-8770
City Oklahoma City	State Oklahoma	Zip 73114

1 TYPE OF WELL

☐ Enhanced Recovery ☒ Disposal ☐ Commercial ☐ LPG

2 TYPE OF FLUID INJECTED/DISPOSED

☒ Saltwater ☐ Gas ☐ LPG ☐ Brackish Water ☐ Fresh Water
(If checked, answer question 6.)

2 a How was injection or disposal measured ☐ Calculated ☒ Metered

3 What was the total annual injected or disposed volume of fluids?

570,045 Barrels MCF

(If more than one well, use back page where directed)

4 What was the average daily well head pressure?

0 PSI

(If more than one well, use back page where directed)

5 What is the packer depth?

2863'

(If more than one well, use back page where directed)

6 If all or part of injected fluid is fresh water, from which source is it derived?

☐ Well (Depth _____ ft.) ☐ Pond ☐ Stream ☐ Other _____

Where is the source located?

_____ Section

_____ Township

_____ Range

7 This section is for Disposal/LPG only (Individual Well)

(Location) NW	Section 15	Township 27N	Range 5E	County Kay
Formation Burbank			Depth 2986-3056'	Authorized by OCC Order or Permit # 27937

7a API NUMBER 071-03155

8 This section is for Enhanced Recovery only. (Project Basis)

Order No.(s)			OTC Production Unit No.	
Location	Section	Township	Range	County (or counties if more than one)
Pool Name		Formation		Depth

8a List all API numbers on the back of this form where directed. (Use additional back pages as needed)

9 Date of last Mechanical Integrity Test

9/9/2009

(If project basis, attach additional page)

9a List or describe any repairs or testing performed on any or all wells listed on this report. (attach additional sheet if necessary)

10. This is a summary overview of previously-answered questions and must be completed. A. Enter the well(s) name and number; B. Enter well(s)

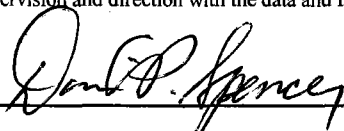
API No.; C. Enter well(s) legal location; D. Enter well(s) most current order/permit number; E. Enter well(s) packer depth; F. Enter monthly data for daily average pressure rates and BBLs/MCF injected; G. At the bottom of each numbered column, enter annual injected volumes.

	1		2		3		4		5	
A. Well Name	McCassey D-16									
B. API No.	071-03155									
C. Legal Location	NW 15 27N-5E									
D. Order No.	27937									
E. Packer Depth	2863'									
	PSI	Bbls/MCF	PSI	Bbls/MCF	PSI	Bbls/MCF	PSI	Bbls/MCF	PSI	Bbls/MCF
F. Jan PSI/Bbls	0	57938								
Feb PSI/Bbls	0	42532								
Mar PSI/Bbls	0	47100								
Apr PSI/Bbls	0	45480								
May PSI/Bbls	0	48608								
June PSI/Bbls	0	45630								
July PSI/Bbls	0	47001								
Aug PSI/Bbls	0	46936								
Sept PSI/Bbls	0	43370								
Oct PSI/Bbls	0	46508								
Nov PSI/Bbls	0	45010								
Dec PSI/Bbls	0	53932								
G. Total Annual Injection	0	570,045								

	6		7		8		9		10	
Well Name										
API No.										
Legal Location										
Order No.										
Packer Depth										
	PSI	Bbls/MCF	PSI	Bbls/MCF	PSI	Bbls/MCF	PSI	Bbls/MCF	PSI	Bbls/MCF
Jan PSI/Bbls										
Feb PSI/Bbls										
Mar PSI/Bbls										
Apr PSI/Bbls										
May PSI/Bbls										
June PSI/Bbls										
July PSI/Bbls										
Aug PSI/Bbls										
Sept PSI/Bbls										
Oct PSI/Bbls										
Nov PSI/Bbls										
Dec PSI/Bbls										
Total Annual Injection										

Verification of Information.

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.


Signature

David P. Spencer

Name (Typed or Printed)

701 Cedar Lake Blvd., Oklahoma City, OK 73114

Address

Manager of Regulatory Affairs

Title of Authorized Agent

405-478-8770

Phone